

(By) DEPUTY CLERK

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	3.20.2006
NAME OF SERVER (PRINT) Elizabeth Trotta	TITLE Paralegal	
Check one box below to indicate appropriate method of service.		
<input type="checkbox"/> Served personally upon the third-party defendant. Place where served: <input type="checkbox"/> Left copies thereof at the third-party defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: <input type="checkbox"/> Returned unexecuted: <input checked="" type="checkbox"/> Other (specify): <u>Certified Mail, Restricted Delivery</u>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on <u>3.23.2006</u> <u>Elizabeth Trotta</u> <div style="display: flex; justify-content: space-between;"> Date Signature of Server </div> <u>1717 South Boulder, Ste 200, Tulsa OK 74105</u> <div style="text-align: center;">Address of Server</div>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	Postal Service TM REGISTERED MAILTM RECEIPT <small>Mail Only; No Insurance Coverage Provided</small>
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mail piece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <u>Alfred E. Hembree</u> Received by (Printed Name) C. Date of Delivery D. Is delivery address different from return address? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	OFFICIAL USE <div style="display: flex; justify-content: space-around;"> <div> Postage \$ <u>6.15</u> Registered Fee \$ <u>2.40</u> Receipt Fee (if required) \$ <u>1.85</u> Return Fee (if required) \$ <u>3.20</u> & Fees \$ <u>14.10</u> </div> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; text-align: center;"> POST OFFICE WESTVILLE, OK 74065 MAR 20 2006 </div> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; text-align: center;"> POST OFFICE DOWNTOWN STATION MAR 16 2006 </div> </div>
1. Article Addressed to: <u>Alfred E. Hembree</u> <u>PO Box 234</u> <u>Westville, OK 74965</u>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number <small>(Transfer from service label)</small>	4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
<u>7005 3110 0002 7876 1130</u>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 June 2002		See Reverse for Instructions